

DIRECT DEPOSIT SIGN-UP FORM (JAMAICA)**APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY
MONTHLY BENEFITS BY DIRECT DEPOSIT**

Please make any necessary changes in Section 1A and complete Section 2. Ask your bank to complete Section 3.
Mail the completed form in the envelope provided.

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| SECTION 1 (If the address below is incorrect, or if it is your bank's address, please complete Section 1A.) | | SECTION 1A (If the address in Section 1 is not your correct address, please print your correct mailing address below.) | |
| Social Security Claim Number Person Entitled to Payment | | ADDRESS CHANGE | |
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SECTION 2

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|--|------|--|------|
| PAYEE CERTIFICATION I certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime. | | JOINT ACCOUNT HOLDER=S CERTIFICATION I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. | |
| SIGNATURE | DATE | SIGNATURE | DATE |
| YOUR DAYTIME TELEPHONE NUMBER | | This account is: __ My own account. __ A joint account. | |

SECTION 3 (Ask your bank to complete this section.)

This account **must** be in Jamaican Dollars.

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|--|--|-------------|--|-------------------------------|--|--|--|--|--|--|--|--|--|
| NAME OF BANK* | | | | | | | | | | | | | |
| ADDRESS OF BANK* | | | | | | | | | | | | | |
| BANK PHONE NUMBER | | | | | | | | | | | | | |
| If your bank does not have a bank code or a branch code, please complete the account number only. | | | | | | | | | | | | | |
| BANK CODE | | BRANCH CODE | | ACCOUNT NUMBER* | | | | | | | | | |
| 0 | | | | | | | | | | | | | |
| BANK OFFICIAL'S NAME PLEASE PRINT | | | | SIGNATURE OF BANK OFFICIAL | | | | | | | | | |

*Bank name, bank address, and account number **MUST BE COMPLETED!**

MAIL COMPLETED FORM TO:
 International Treasury Services
 Federal Reserve Bank of New York
 E. Rutherford Oper. Ctr., 1st Floor
 100 Orchard Street
 East Rutherford, NJ 07073
 USA

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The information you give on this form is confidential. We need the information to electronically send your U.S. Social Security payments to your bank account in Jamaica.

IF YOUR ADDRESS CHANGES

If your address changes, you must inform the U.S. Social Security Administration because letters about your payments will still be mailed to your home address. If we cannot locate you, your payments may be stopped.

WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

Your payment will be sent to your **Jamaican dollar** account at your financial institution and will usually be in your account the day after the U.S. payment date. You can avoid waiting up to 15 working days for your check to clear. With direct deposit you will have immediate access to your money.

INFORMATION ABOUT CURRENCY CONVERSION

With direct deposit, you will not need to pay a check cashing fee for the conversion of your U.S. dollars to Jamaican dollars. A few days before the payment date, your U.S. Social Security payment is automatically converted to Jamaican dollars at an exchange rate that is competitive with a rate offered by banks in Jamaica on that day.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank and the U.S. Social Security Administration. Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security. As soon as we are advised of the death, if you are eligible to receive Social Security, we will determine whether your benefit amount will change and will send you any money that we owe you.

CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account, you must notify:
You may need to fill out a new sign-up form.

International Treasury Services
Federal Reserve Bank of New York
Automated Payments – First Floor
33 Liberty Street
New York, NY 10045-0001
USA

OR

Social Security Administration
Office of International Operations
P.O. Box 17769
Baltimore, MD 2123507769

Do not close your old account until payments have started coming to your new account.

PAPERWORK REDUCTION ACT STATEMENT

This information meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex building, Baltimore, MD 21235-0001. Only comments relating to our time estimate should be provided, not the completed form.